



## Missouri Pharmacy Program- Preferred Drug List



### ***Ophthalmic Quinolones***

***Effective 05/10/2006***

#### **Preferred Agents**

- Vigamox®
- Ciprofloxacin HCl
- Zymar®
- Quixin®
- Ofloxacin

#### **Non-Preferred Agents**

- Ciloxan® Drops
- Ciloxan® Oint
- Ocuflox®

<b><u>Approval Criteria</u></b>	<b><u>Denial Criteria</u></b>
Patient Diagnosis of: <ul style="list-style-type: none"><li>○ Cataract (ICD9 = 366, 743.3), or</li><li>○ Glaucoma (ICD-9 = 365)</li></ul>	Prescription claim for quinolone ophthalmic antibiotic products with no claim history containing a reference ophthalmic antibiotic product within the past 45 days.
Cataract Surgery In the past 45 days. CPT Codes: <ul style="list-style-type: none"><li>○ 66830</li><li>○ 66820-66821</li><li>○ 66982-66984</li></ul>	Prescription claim for non-reference ophthalmic antibiotic products with no supporting ICD-9 or CPT codes.
Diagnosis of Routine Bacterial Conjunctivitis requires One Prescription Claim in past 45 days with Reference Ophthalmic Antibiotic Product – First Line <ul style="list-style-type: none"><li>○ See Appendix for Reference Product List</li></ul>	Lack of adequate trial on required preferred agents
Within PDL class - Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents <ul style="list-style-type: none"><li>○ Documented trial period for preferred agents</li><li>○ Documented ADE/ADR to preferred agents</li></ul>	Therapy will be denied if no approval criteria are met
Documented compliance on current therapy regimen	Drug Prior Authorization Hotline: (800) 392-8030.

## Appendix

The following table contains the Reference Ophthalmic Antibiotic Products available without clinical edits.

Ophthalmic Antibiotic Ointments
Bacitracin Ophthalmic Ointment
Erythromycin Ophthalmic Ointment (Ilotycin®)
Bacitracin-Polymixin-Neomycin Ophthalmic Ointment (Neosporin®)
Sulfacetamide Sodium Ophthalmic Ointment (Bleph-10®, Cetamide®)
Bacitracin-Polymixin B Ophthalmic Ointment (Polysporin®)
Bacitracin-Polymixin-Neomycin-Hydrocortisone Ophthalmic Ointment (Cortisporin®)
Neomycin-Dexamethasone Phosphate Ophthalmic Ointment (Neo-Decadron®)
Neomycin-Polymixin B-Dexamethasone Ophthalmic Ointment (Maxitrol®)
Gentamicin Ophthalmic Ointment
Tobrex Ophthalmic Ointment
Tobramycin-Dexamethasone Ophthalmic Ointment (TobraDex®)
Ophthalmic Antibiotic Solutions and Suspensions
Gentamicin Ophthalmic Solution
Tobramycin Ophthalmic Solution (Tobrex®)
Sulfacetamide Sodium Ophthalmic Solution (Bleph-10®, Sulf-10®)
Neomycin-Dexamethasone Phosphate Ophthalmic Solution (Neo-Decadron®)
Neomycin-Polymixin B-Gramicidin Ophthalmic Solution (Neosporin®)
Neomycin-Polymixin B-Dexamethasone Ophthalmic Suspension (Maxitrol®)
Neomycin-Polymixin B-Hydrocortisone Ophthalmic Suspension (Cortisporin®)
Neomycin-Polymixin B-Prednisolone Acetate Ophthalmic Suspension (Poly-Pred®)
Gentamicin-Prednisolone Acetate Ophthalmic Suspension (Pred-G®)
Tobramycin-Dexamethasone Ophthalmic Suspension (TobraDex®)